



## NC DEPARTMENT OF **HEALTH AND HUMAN SERVICES**

### **Interim Coronavirus Disease 2019 (COVID-19) Guidance for Child Care Settings**

March 16, 2020

This guidance is intended to help child care facilities make informed decisions about COVID-19 and minimize the risk of exposure to both the staff and the children in their care. To reduce the likelihood of COVID-19 transmission in our community, K-12 public schools in North Carolina will be closed by order of the Governor for at least two weeks, effective March 16, 2020. Child care centers and family child care homes have the option to remain open.

The same steps that a child care facility would take to prevent the spread of any other respiratory illness, such as flu, will also reduce the likelihood of COVID-19 transmission.

Precautions that both staff and children should take include:

- Stay home when sick.
- Wash hands frequently with soap and water for at least 20 seconds (about as long as it takes to sing “Happy Birthday” twice). In addition to usual handwashing, make sure to wash hands:
  - before and after eating meals and snacks
  - after blowing noses, coughing, or sneezing or when in contact with body fluidsFollow standard handwashing guidance for adults and children.
- Avoid touching eyes, nose, and mouth.
- Cover coughs and sneezes with a tissue.
- Provide supplies including handwashing stations with soap and water, paper towels, and lined trash cans.
- Except for diapering or eating, preparing, or serving food, hand sanitizing products with 60% alcohol may be used in lieu of handwashing when outdoors if hands are washed upon returning indoors. Hand sanitizer must be stored out of reach of children when not in use.

#### **When Someone is Sick**

- ☐ Children and staff should remain home if sick.
- ☐ If a child or staff member develops the following symptoms, send them home as soon as possible:
  - Fever
  - Cough
  - Shortness of breath
- ☐ While waiting for a sick child to be picked up, caregivers should stay with the child in a room isolated from others. If the child has symptoms of COVID-19 (fever, cough,

shortness of breath), the caregiver should remain as far away as safely possible from the child (preferably, 6 feet). If facemasks are available, wear a facemask.

- ☐ Ensure that the facility has flexible sick leave and absentee policies that do not encourage people to come in while sick.

### Screening Criteria

- ☐ Conduct a **Daily Health Check** and ask children and staff:
  1. If they have had close contact (defined by the CDC as being within 6 feet of someone for 10 minutes or more) with anyone diagnosed with COVID-19.
  2. If anyone in their household has symptoms of respiratory illness (fever, cough, shortness of breath).
- ☐ Consider screening children and employees for fever, cough or shortness of breath upon arrival each day.
- ☐ People with a temperature greater than 100.4 F should be sent home until they have had no fever for 24 hours without the use of fever-reducing medications (e.g., Advil, Tylenol).
  - o Anyone diagnosed with COVID-19 should remain isolated until at least 7 days after symptom onset AND  $\geq 72$  hours after symptom resolution (absence of fever without the use of fever-reducing medication and improvement in respiratory symptoms) unless otherwise instructed by their local health department.
- ☐ For infants and young children, temperature can be taken by axillary (under the arm). For children over age four, temperature can be taken orally (under the tongue). Individual plastic covers should be used on oral thermometers with each use or thermometers should be cleaned and sanitized after each use according to the manufacturer's instructions. Another option for children ages six months and older is an ear or forehead thermometer with a disposable cover that is changed after each reading. Temperature should not be taken rectally in a child care setting.

### Additional Exclusion Criteria

- ☐ Follow standard exclusion criteria for illness.
- ☐ Anyone who has had close contact (defined by the CDC as being within 6 feet of someone for 10 minutes or more) with someone diagnosed with COVID-19 should remain home for 14 days after their last contact with the COVID-19 patient.
- ☐ If someone in their household has symptoms of respiratory illness, consider asking them to remain home until at least 7 days after symptom onset AND  $\geq 72$  hours after symptom resolution (absence of fever without the use of fever-reducing medication and improvement in respiratory symptoms).
- ☐ Recommend exclusion for children or staff who are considered high-risk, including older adults or people who have serious chronic medical conditions including:
  - o Heart disease
  - o Diabetes
  - o Lung disease such as asthma
  - o Compromised immune systems

### Limit Chances for Exposure

- ☐ Have parents drop off children outside the classroom. Staff should meet children as they are dropped off.
- ☐ Only staff needed to maintain ratio compliance should be inside classrooms.
- ☐ Cancel or postpone any planned field trips or outings to areas with large crowds of people.
- ☐ The CDC recommend cancelling or postponing any events of 50 people or more. For events with under 50 people in attendance, please refer to the guidance for group gatherings.

### Helping the Community

- ☐ Children of healthcare workers and other key personnel may be in attendance during periods of school closure, even if they are school age. This will ensure that healthcare workers can continue to provide care community during the outbreak.
  - Teacher-to-child ratio should be based on the age of the youngest child present.
- ☐ Ask these children to bring schoolwork and/or age-appropriate entertainment (e.g., books, toys) with them.

### Clean Thoroughly

- ☐ Follow regular cleaning protocols and use an EPA-registered disinfectant that is active against coronaviruses. Clean and disinfect frequently touched surfaces throughout the day and at night.
- ☐ Keep a designated bin for separating mouthed toys and maintain awareness of children's behaviors. When a child is done with a mouthed toy, remove it, place it in a toy bin that is inaccessible to other children, and wash hands. Clean and sanitize toys before returning to children's area.
- ☐ Clean and sanitize all toys at the end of the day.
- ☐ Consider removing soft toys that cannot be easily cleaned during the coronavirus outbreak. Soft toys that are machine-washable should be washed often at the warmest temperature recommended on the label and dried thoroughly.

### Be Prepared

- ☐ Stay informed about the COVID-19 outbreak.
- ☐ Know the signs and symptoms of COVID-19 in children and adults. Children typically have milder disease than adults.
- ☐ Plan ahead in case the facility needs to close:
  - Determine how staff will communicate with staff and parents.
  - If a patient with COVID-19 was in the building, the facility may need to close briefly (2-5 days) for cleaning and disinfection.
  - If COVID-19 is circulating in your community, the facility may receive direction from local public health officials to close for a longer period of time.

- The facility may need to close if child care cannot safely be provided due to a high number of staff being out of work.

For more information, please see the following sources:

- [NC COVID-19 website](#)
- [CDC COVID-19 website](#)
- [NC environmental cleaning guidance](#)
- [CDC guidance for schools and childcare facilities](#)



NC DEPARTMENT OF  
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ROY COOPER • Governor  
MANDY COHEN, MD, MPH • Secretary  
MARK T. BENTON • Assistant Secretary for Public Health  
Division of Public Health

**MEMORANDUM**

March 20, 2020

**TO:** Registered Environmental Health Specialists, Supervisors, and Directors

**FROM:** Larry D. Michael, REHS, MPH  
State Environmental Health Director

**SUBJECT:** Cleaning and Disinfecting Solutions and Procedures to control COVID-19 in Schools, Child Care Centers, and other Community, Non-Healthcare Facilities

In response to continued efforts to control COVID-19 in North Carolina, this memorandum provides information on the use of cleaning and disinfection procedures and products in child care centers and school buildings to help control this disease. Some of these recommendations conflict with current rules and policies; however, Executive Order No. 116, Section 15, provides local health departments with authority (in consultation with the Division of Public Health) to waive restrictions related to the type of product or chemical concentration in disinfectant solutions to control COVID-19. The Executive Order is available at the following link:

<https://files.nc.gov/governor/documents/files/EO116-SOE-COVID-19.pdf>

Public health officials should advise schools, child care centers, and other community, non-healthcare facilities to follow CDC's "Environmental Cleaning and Disinfection Recommendations" guidance to reduce the transmission of COVID-19. The recommendations can be found at the following link: <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>

In addition to good hand hygiene practices, proper cleaning and disinfection of surfaces is effective in preventing disease transmission. According to the CDC's interim guidance for administrators of child care programs and K-12 schools, performing routine environmental cleaning is recommended to stop or slow the spread of respiratory infectious diseases, including COVID-19. Environmental cleaning includes cleaning frequently touched surfaces (e.g., doorknobs, light switches, countertops) with cleaning products according to the directions on the label. The CDC also recommends providing disposable wipes so that commonly used surfaces (e.g., keyboards, desks, remote controls) can be wiped down by students and staff before each use.

We realize that wipes currently used and approved for use by students may not be readily available and schools may only have access to wipes with chemical concentrations that are considered a violation of 15A NCAC 18A .2415(b). While Executive Order No. 116 is in effect, such wipes may be used by students without being considered a violation of Rule .2415 if handled in a safe manner and teachers: (1) supervise the use and disposal of wipes in accordance with the directions on the label,

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LOCATION: 5605 SIX FORKS RD, RALEIGH NC 27609  
MAILING ADDRESS: 1632 MAIL SERVICE CENTER, RALEIGH NC 27699-1632  
www.ncdhhs.gov • TEL: 919-707-5854 • FAX: 919-845-3972

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(2) ensure students wash their hands with soap and water for at least 20 seconds immediately after using the wipes, and (3) store wipe containers according to Rule .2415 when not in use.

Rule .2801(7) of the child care sanitation rules defines a disinfecting solution as a solution containing 500-800 parts per million (ppm) chlorine. In addition, products registered with the U.S. Environmental Protection Agency (EPA) as hospital grade germicides or disinfectants or as disinfectants for safe use in schools, child care centers, institutions or restaurants are also approved disinfectants, provided the manufacturer's Material Safety Data Sheets are kept on file at the center and instructions for proper use are followed. To control COVID-19, Environmental Health Specialists should allow the use of disinfectant solutions (instead of sanitizing solutions) on high-touch surfaces in child care centers, including tables, doorknobs, and toilet room surfaces. While this Executive Order is in effect, Authorized Agents should not assign demerits on inspection sheet item 26 if the operator has increased the concentration of chlorine in disinfecting solutions above 800 ppm. Product storage and other requirements for disinfecting solutions will remain the same. Based on CDC guidance, disinfectant solutions should be mixed to approximately 1,000 ppm (note that a one-minute contact time is acceptable at this concentration). If a disinfecting solution is observed to be above 1,000 ppm during an inspection, the solution should be immediately adjusted to approximately 1,000 ppm and the operator should be advised to maintain the solution at that concentration.

In rooms designated for children who are not toilet-trained, toys and other mouth-contact surfaces should be cleaned and sanitized according to Rule .2822 or disinfectants approved for use on food contact surfaces may be used without assigning demerits.

A list of products that have been pre-approved by the EPA for use during the COVID-19 outbreak can be found at this link: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

Please refer to the NCDHHS website (below) for current information on COVID-19.

For questions or additional information, please contact Veronica Bryant, Emergency Response and Outbreak Coordinator, at [veronica.bryant@dhhs.nc.gov](mailto:veronica.bryant@dhhs.nc.gov) or by phone at 919-218-6943, or you may contact me at [larry.michael@dhhs.nc.gov](mailto:larry.michael@dhhs.nc.gov) or 919-707-5855.

References:

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-schools.html>

<https://www.cdc.gov/coronavirus/2019-ncov/community/index.html>

<https://www.ncdhhs.gov/divisions/public-health/coronavirus-disease-2019-covid-19-response-north-carolina>